

**RECEIVED  
CENTRAL FAX CENTER**

**DEC 03 2004**

**STOEL RIVES LLP**

ATTORNEYS

STANDARD INSURANCE CENTER  
900 SW FIFTH AVENUE, SUITE 2300  
PORTLAND, OREGON 97204-1268  
Telephone (503) 224-3380  
Fax (503) 220-2480

CERTIFICATION OF FACSIMILE TRANSMISSION  
I HEREBY CERTIFY THAT THIS PAPER IS BEING FAXED  
BY FAX TO THE PATENT AND TRADEMARK  
OFFICE ON THE DATE SHOWN BELOW.

CONNIE ENGLISH  
*Connie English*  
SIGNATURE DATE  
12/3/04

Name:	Fax No.	Company/Firm:	Office No.
TO: Exr. McDowell Marc	(703) 872-9306	U.S. Patent and Trademark Office	703-305-4478
Name: Paul S. Angello		Sender's Direct Dial: (503) 294-9314	
Client: 40146		Matter: 32:6	

DATE: December 3, 2004

No. of Pages (including this cover): 13

Originals Not Forwarded Unless  
Checked:

First Class  
Mail       Overnight  
Delivery       Hand  
Delivery

In case of error call the fax operator at (503) 294-9508.

*This facsimile may contain confidential information that is protected by the attorney-client or work product privilege. If the reader of this message is not the intended recipient or an employee responsible for delivering the facsimile, please do not distribute this facsimile, notify us immediately by telephone, and return this facsimile by mail. Thank you.*

**COMMENTS:**

This Response is being transmitted in accordance with the *formal* facsimile procedures and corresponds to:

U.S. Patent Application No. 10/649,116

Filed: August 26, 2003

Title: SPECIMEN SENSING AND EDGE GRIPPING END EFFECTOR

Applicant: Paul Bacci and Paul S. Filipski

Group Art Unit: 3661

Confirmation No. 5500

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Paul Bacchi and Paul S. Filipski

Application No. 10/649,116

Filed: August 26, 2003

For: SPECIMEN SENSING AND EDGE  
GRIPPING END EFFECTOR

Group Art Unit: 3661

Examiner: McDieuuel Marc

Date: December 3, 2004

RECEIVED  
CENTRAL FAX CENTER

Confirmation No. 5500

DEC 03 2004

CERTIFICATION OF FACSIMILE TRANSMISSION  
I HEREBY CERTIFY THAT THIS PAPER IS BEING FAXED  
OR TRANSMITTED TO THE PATENT AND TRADEMARK  
OFFICE ON THE DATE SHOWN BELOW.*Connie English*  
TYPE OR PRINT NAME OF PERSON SIGNING CERTIFICATION  
*Connie English* 12-3-04  
SIGNATURE DATETRANSMITTAL LETTER

## TO THE COMMISSIONER FOR PATENTS:

Enclosed for filing in the above-referenced application are the following:

- Fee Transmittal
- Response
- Terminal Disclaimer to Obviate a Double Patenting Rejection Over a "Prior" Patent
- Statement Under 37 CFR 3.73(b) and copy of Assignment

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with filing of these papers, or credit overpayment, to Account No. 19-4455.

Respectfully submitted,

Paul Bacchi and Paul S. Filipski

By *Paul S. Angello*  
Paul S. Angello  
Registration No. 30,991

STOEL RIVES LLP  
900 SW Fifth Avenue, Suite 2600  
Portland, Oregon 97204-1268  
Telephone: (503) 224-3380  
Facsimile: (503) 220-2480  
Attorney Docket No.: 40146/32:6

Portland2-4491497.1 0040146-00032

PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no fees are required to return to a collection of information unless it displays a valid OMB control number.

Effective on 10/01/2004. Patent fees are subject to annual revision.

## FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **130.00****METHOD OF PAYMENT** (Check all that apply)

Check     Credit Card     Money Order

Deposit Account     None

Deposit Account Number:	19-4455
Deposit Account Name:	Stoel Rives LLP

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

 Other (please identify): \_\_\_\_\_

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING FEE**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
<b>Subtotal (1)</b>		<b>\$ 0.00</b>	

<b>Complete If Known</b>		
Application Number	10/649,116	
Filing Date	August 26, 2003	
First Named Inventor	Paul Racchi	
Examiner Name	McDiarmid, Marc	
Art Unit	3661	
Attorney Docket No.	40146/32.6	

**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims      Extra Claims      Fee (\$)  
 $\times$       Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims      Extra Claims      Fee (\$)  
 $\times$       Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims      Fee (\$)  
 $\times$       Fee Paid (\$)

**Subtotal (2) \$ 0.00****3. OTHER FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stat. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: <u>Terminal Disclaimer</u>			<b>130.00</b>

**Subtotal (3) \$ 130.00****SUBMITTED BY**

Signature

Name (Print/Type)

Paul S. Angello

Registration No.  
(Attorney/Agent)

30,991

Telephone

503-224-3380

Date 12/3/2004

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- BLACK BORDERS**
- IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- FADED TEXT OR DRAWING**
- BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- SKEWED/SLANTED IMAGES**
- COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- GRAY SCALE DOCUMENTS**
- LINES OR MARKS ON ORIGINAL DOCUMENT**
- REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- OTHER: \_\_\_\_\_**

**IMAGES ARE BEST AVAILABLE COPY.**

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.